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August 8, 2012

## Sent Via Express Mail

Mr. Kevin Fortkiewicz Campaign Finance Analyst Reports Analysis Division Federal Election Commission 999 E Street N.W. Washington, DC 20463

RE: Request for Additional Information

**Identification Number: C00131219** 

Dear Mr. Fortkiewicz:

Thank you for your time during our telephone call. I appreciate the follow-up on your request for additional information, referencing the above statement of organization. I have corrected the required information as requested. Please find enclosed the revised Statement of Organization as requested.

Please let me know if any additional information is required.

Sincerely,

Christopher A. Gorecki

Vice President

Government Relations & Environmental; Stewardship



RQ-1

June 27, 2012

MR. CHRISTOPHER GORECKI, TREASURER
ROLLINS INC POLITICAL ACTION COMMITTEE
FKA ORKIN EXTERMINATING COMPANY
INC PAC
2170 PIEDMONT ROAD NE
ATLANTA, GA 30324

Response Due Date 08/01/2012

**IDENTIFICATION NUMBER: C00131219** 

REFERENCE: AMENDED STATEMENT OF ORGANIZATION, RECEIVED 05/16/2012

Dear Treasurer:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. This notice requests information essential to full public disclosure of your federal election campaign finances. Failure to adequately respond by the response date noted above could result in an audit or enforcement action. Additional information is needed for the following 1 item(s):

- Line 6 of your Statement of Organization indicates that "Orkin,LLC" "Western Pest Sevines," "HomeTeam Pest Defense," "Industrial Fumigant Company," "Waltham Services," "Trutech," and "Crane Pest Control" are the connected organizations for your Committee. Please be advised that a connected organization is any organization which 1) is not a political committee and 2) directly or indirectly establishes, administers, or financially supports a political committee. This type of organization includes a corporation, corporation without capital stock, labor organization, membership organization, a cooperative, or a trade association. For further guidance on the question of connected organizations, please refer to 11 CFR §100.6.

If your committee is jointly sponsored by these entities, the full names of these organizations must appear in the name of your committee. (See Advisory Opinions 1988-42 and 1988-14) However, if your committee is not jointly sponsored, and one of these organizations represents a parent company or subsidiary of your connected organization, you need not include its name in the name of your committee. (11 CFR §102.14(c)) Please provide further clarifying information concerning the relationship between these apparent connected organizations, with regard to your separate segregated fund.

## ROLLINS INC POLITICAL ACTION COMMITTEE FKA ORKIN EXTERMINATING COMPANY INC PAC

Page 2 of 2

Please note, you will not receive an additional notice from the Commission on this matter. Adequate responses must be received by the Commission on or before the due date noted above to be taken into consideration in determining whether audit action will be initiated. Failure to comply with the provisions of the Act may also result in an enforcement action against the committee. Any response submitted by your committee will be placed on the public record and will be considered by the Commission prior to taking enforcement action. Requests for extensions of time in which to respond will not be considered.

Electronic filers must file amendments (to include statements, designations and reports) in an electronic format and must submit an amended report in its entirety, rather than just those portions of the report that are being amended. If you should have any questions regarding this matter or wish to verify the adequacy of your response, please contact me on our toll free number (800) 424-9530 (at the prompt press 5 to reach the Reports Analysis Division) or my local number (202) 694-1169.

Sincerely,

Kevin Fortkiewicz

Campaign Finance Analyst

Reports Analysis Division

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## 12030871468

FEC FORM 1

## STATEMENT OF ORGANIZATION

RECEIVED

2012 AUG -6 AM 9: 55

					Office Use Only
NAME OF COMMITTEE (in full)	X	(Check if name is changed)	Example: If typing, type over the lines.	g TZT LITPILLO	MATICENTER
R <sub>i</sub> O <sub>i</sub> L <sub>i</sub> L <sub>i</sub> I <sub>i</sub> N <sub>i</sub> S <sub>i.i.i</sub> I <sub>i</sub>	N <sub>i</sub> C <sub>i</sub>	P <sub>I</sub> O <sub>I</sub> L <sub>I</sub> I <sub>I</sub> T <sub>I</sub> I <sub>I</sub> C	AL ACTION	_C <sub>I</sub> O <sub>I</sub> M <sub>I</sub> M <sub>I</sub> I <sub>I</sub> T <sub>I</sub>	T,E,E, , , , , , ,
	44.4				
ADDRESS (number and street)	2 <sub>1</sub> 1	7, 0, P, I, E, D	$M_1O_1N_1T_1$ $R_1O_1A_1D_1$	N <sub>I</sub> E <sub>1</sub>	
(Check if address is changed)	L	<del></del>		<del>                                     </del>	
		L <sub>I</sub> A <sub>I</sub> N <sub>I</sub> T <sub>I</sub> A <sub>I</sub>		G <sub>I</sub> A 3 <sub>I</sub> STATE ▲	
COMMITTEE'S E-MAIL ADDRE	SS				
	c, g	o, r <sub>i</sub> e,c,k,i,@	r,o, I, I, i,n,s,.,c,o	<sub>_1</sub> m <sub>1</sub>	
	Option	al Second E-Mail Add	dress		
				<del></del>	
COMMITTEE'S WEB PAGE ADI	DRESS (	URL)			
2. DATE 05 16 2012					
3. FEC IDENTIFICATION NUMBER ► C 00131219					
I. IS THIS STATEMENT NEW (N) OR X AMENDED (A)					
certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.					
Type or Print Name of Treasurer					
Signature of Treasurer	-			Date 05	16 2012
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.  ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.					
Office Use Only			For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

F	EC Fo	rm 1 (Revised 02/2009)	Page 2
–		OMMITTEE	
Can	didate	e Committee:	
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Compleinformation below.)	te the candidate
Name Candi			
Caneli Party	idate Affiliati	on Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	***************************************
Name Candi			
Part	y Con	nmittee:	
(d)			emocratic, publican, etc.) Party.
Polit	ical A	ction Committee (PAC):	
(e)	X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conne	cted organization is a:
		Corporation Corporation w/o Capital Stock	abor Organization
			Cooperativo
		In addition, this committee is a Lobbyist/Registrant PAC.	, ooperanie
<b>(f)</b>		This committee supports/opposes more than one Federal candidate, and is NOT a separate segre committee. (i.e., nonconnected committee)	egated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint	t Func	draising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a fedoral candidate.	or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
	Com	mittees Participating in Joint Fundraiser	
	1.		
	2.	FEC ID number	<u></u>
	3.	FEC ID number	
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	FEC Form 1	(Revised 02/2009) Page 3
Writ	e or Type Comm	nittee Name
ROL	LINS INC PO	LITICAL ACTION COMMITTEE
6. N	Name of Any Co	onnected Organization, Affiliated Committee, Joint Fundralsing Representative, or Leadership PAC Sponsor
Ц		
R	D L L I N S	
M	Mailing Address	2 1 7 0 P I E D M O N T R O A D N E
		[ATLANTA]
		CITY STATE ZIP CODE
F	Relationship:	Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor
	Custodian of Re	cords: Identify by name, address (phone number optional) and position of the person in possession of committee s.
F	ull Name	[C, H, R, I, S, T, O, P, H, E, R, , A, . , , G, O, R, E, C, K, I , , , , , , , , , , , , , , , , ,
N	Mailing Address	$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$
		[A, T, L, A, N, T, A, , , , , , , , ] [G,A] [3,0,3,2,4]-[, , , ]
Т	Title or Position	CITY STATE ZIP CODE
L	V <sub>i</sub> P <sub>i</sub> G <sub>i</sub> O <sub>i</sub> V <sub>i</sub> I	E <sub>1</sub> R <sub>1</sub> N <sub>1</sub> M <sub>1</sub> E <sub>1</sub> N <sub>1</sub> T <sub>1</sub> R <sub>1</sub> E <sub>1</sub> L <sub>1</sub> A <sub>1</sub> T <sub>1</sub> I <sub>1</sub> O <sub>1</sub> N Telephone number 4 <sub>1</sub> 0 <sub>1</sub> 4 <sub>1</sub> -8 <sub>1</sub> 8 <sub>1</sub> 8 <sub>1</sub> -2 <sub>1</sub> 6 <sub>1</sub> 1 <sub>1</sub> 6
		e name and address (phone number optional) of the treasurer of the committee; and the name and address of gent (e.g., assistant treasurer).
-	ull Name f Treasurer	C, H, R, I, S, T, O, P, H, E, R, , A, . , , G,O,R,E,C,K,I , , , , , , , , , , , , , , , , , ,
N	Mailing Address	[2, 1, 7, 0, P, I, E, D, M, O, N, T, R, O, A, D, N, E, I,
		[A, T, L, A, N, T, A
	itle or Position	F. R. N. M. F. N. T. R. F. L. A. T. L. O. N.   Telephone number   4, 0, 4   -   8, 8, 8   -   2, 6, 1, 6

9.

FEC Form 1 (Revise	ed 02/2009)		Page 4
Full Name of Designated Agent			
Mailing Address			
	CITY	STATE	ZIP CODE
Title or Position			
	<u>IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII</u>	umberi	
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.  Name of Bank, Depository, etc.    B, A, N, K,   O, F,   A, M, E, R, I, C, A,   M, E, R, I, L, L, L, Y, N, C, H,   I,			
Mailing Address	6, 0, 0, , P, E, A, C, H, T, R, E, E, , S, T, R, E,	-	
Maining Address	[M, A, I, L, , C, O, D, E, , G, A, 1, -, 0, 0, 6, -,		,F,L,O,O,R, ,1,3, ,
	[A, T, L, A, N, T, A, , , , , , , , , , , , , , , ]	[G <sub>I</sub> A]	[3,0,3,0,8]-
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
لللا			
Mailing Address			
			السا-السا
	CITY	STATE	ZIP CODE

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING to the End of this filing to indicate here.	
Hand Delivered	Date of Receipt
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USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirm	nation™ Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify): Fed 6x	Shipping Date
Next Business	Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	ceipt or Postmarked
R	8/6/12
(3/2005)	DATE PREPARED